

Assumption of the Risk and Hold Harmless Waiver of Liability Relating to Coronavirus/COVID-19

Participant Name _____ (First and Last)

Guardian (participant is under age of 18) _____ (First and Last)

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. Federal and State authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Seattle Badminton Club, Inc. (SBC) has put in place preventative measures to reduce the spread of COVID-19. However, SBC cannot guarantee that I, my spouse, my child(ren), unborn child, guests, or relatives will not become infected with COVID-19. Further, attending SBC could increase the risk of contracting COVID-19.

By signing this agreement, I acknowledge of the contagious nature of COVID-19 and voluntarily assume the risk that I, my spouse, my child(ren), unborn child, guests, or relatives may be exposed to or infected by COVID-19 by attending SBC for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any on-site or off-site program affiliated with SBC and that such exposure or infection may result in to severe illness, personal injury, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SBC may result from the actions, omissions, or negligence of myself or others, including, but not limited to, SBC owners, officers, employees, volunteers, or agents.

I, on behalf of myself, my child(ren), my heirs, my assigns or successors, personal representatives or family, as well as estate, hereby waive, release, discharge, not to sue, hold harmless and indemnify Seattle Badminton Club, Inc., its owners, officers, employees, volunteers, or agents from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

	Yes	No
Have you been in close contact with a suspected or a confirmed case of COVID-19 in the past 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you experiencing a cough, shortness of breath, or sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a fever (temperature of 100.4F or higher) in the last 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a loss of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had vomiting or diarrhea in the last 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Have you returned from highly impacted areas subject to a CDC Level 3 Travel Health Notice?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice?	<input type="checkbox"/>	<input type="checkbox"/>

I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.

Signature / Guardian Signature

Date